FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003987 (5)

1. Corporation Name
PRIVATE BUSINESS ASSOCIATION OF SEMINOLE, INC.

Principal Place of Business	Mailing Address
165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708	165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-3208272 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~CHAN, MYRTLE E~~
165 W STATE RD 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Ensby Property Mgmt Services, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 165 West S.R. 434
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Anne H Russell — Anne H. Russell, Pres. EPM Serv. — 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	~~CHAN, MYRTLE E~~	1.2 NAME	Wright, Ken	
STREET ADDRESS	~~593 THAMES CIRCLE~~	1.3 STREET ADDRESS	20 North ORANGE Ave, Ste 1000	
CITY-ST-ZIP	~~LONGWOOD FL 32750~~	1.4 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	~~D~~	2.1 TITLE	~~DP~~ DS	☐ Change ☒ Addition
NAME	~~KUHN, THOMAS~~	2.2 NAME	WRIGHT, DAVID	
STREET ADDRESS	~~160 PAUL MCCLURE COURT~~	2.3 STREET ADDRESS	800 S. ORLANDO AVE	
CITY-ST-ZIP	~~CASSELBERRY FL 32707~~	2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	~~D~~	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	RUSSELL, ANNE	3.2 NAME		
STREET ADDRESS	165 W. STATE RD. 434	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	DT	☐ Change ☒ Addition
NAME	~~HATTAWAY, BOB~~	4.2 NAME	Court, Debbie	
STREET ADDRESS	~~450 PRAIRIE LAKE COVE~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32701~~	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BASS, MIKE	5.2 NAME		
STREET ADDRESS	1155 SEMORAN BLVD.,#1141	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	D	☐ Change ☒ Addition
NAME	~~RYAN, RICHARD~~	6.2 NAME	Winesburg, Bev	
STREET ADDRESS	~~2855 CADELA COURT~~	6.3 STREET ADDRESS	978 DOUGLAS Ave, Ste 100	
CITY-ST-ZIP	~~APOPKA FL 32703~~	6.4 CITY-ST-ZIP	Altamonte Springs FL 32714	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anne H Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23
Date

407 327 5824
Daytime Phone #

0030709